

## DETAILED ACTION

### EXAMINER'S AMENDMENT

An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it **MUST** be submitted no later than the payment of the issue fee.

Authorization for this examiner's amendment was given in a telephone interview with Mr. Levoritz on March 18, 2008.

**(Note: claim 18 of the amendment of 12-13-06 was inadvertently left out by the attorney in the amendment of 12-26-07, actually making a total of 13 claims (9-21); claims 18-20 have now been renumbered to 19-21 with their corresponding dependencies to allow for 37 CFR 1.126 (renumbering of claims); claim 17 has been currently amended to remove superfluous language).** The following is a correct listing of ALL of the pending claims of the application:

9. (Previously Presented) Method for examining an ocular fundus, comprising:  
generating images of the ocular fundus by means of a camera and/or an illumination unit;  
evaluating quality of the images;

comparing the images with image patterns corresponding to one or more diseases to determine, with a degree of certitude, whether the images are classifiable as indicating one or more of said diseases; and

controlling position of the camera optimally for further evaluating quality of the images and degree of certitude of classification of the images as indicating said one or more diseases;

controlling position of the illumination unit optimally for further evaluating quality of the images and degree of certitude of classification of the images as indicating said one or more diseases.

10. (Previously Presented) Method according to claim 9, wherein said controlling is implemented over a closed control circuit to a control unit of said camera and/or illumination unit; and

said controlling position and further evaluating are repeated until the certitude of the disease classification is satisfactory.

11. (Previously Presented) Method according to claim 9 or 10, wherein said comparing generates parameters for new position settings of said camera and/or illumination unit.

12. (Previously Presented) Method according to claim 9 or 10, wherein the classification is performed by means of a pattern recognition algorithm.

13. (Previously Presented) Method according to claim 9 or 10, wherein said control of the position of said camera and/or illumination unit is via a pattern recognition algorithm.

14. (Previously Presented) Method according to claim 10, wherein: a laser comprises said camera and/or illumination unit;  
a beam from the laser scans the ocular fundus; and  
intensity of the laser beam is changed under control of the control unit.

15. (Previously Presented) Method according to claim 14, wherein at least one of the change of the scanning area and the focus of the laser beam is effected by optics.

16. (Previously Presented) Method according to claim 9 or 10, wherein the comparing is effected by means of a computer.

17. (Currently Amended) A method for examining an ocular fundus, comprising:  
recording at least one image of the ocular using at least one of a camera and an illumination unit;  
evaluating a quality of the at least one image;  
comparing the at least one image with existing image data not of the ocular fundus being examined which are characteristic for at least one disease to determine,

with a degree of certitude, whether the images are classifiable as indicating at least one of said at least one disease; and

positionally controlling at least one of said at least [at least] one of said camera and said illumination unit optimally for further evaluating quality of the images and degree of certitude of classification of the images as indicating said at least one disease.

18. (Previously Presented) A method according to claim 17, wherein each said at least one image comprises an image pattern and said existing image data includes at least one image pattern characteristic for said at least one disease.

19. (Previously Presented) A method for examining an ocular fundus, consisting of:

recording at least one image of the ocular using a single camera and at least one illumination unit;

evaluating a quality of the at least one image;

comparing the at least one image with existing image data which are characteristic for at least one disease to determine, with a degree of certitude, whether the images are classifiable as indicating at least one of said at least one disease; and

positionally controlling said single camera or at least one of said at least one illumination unit optimally for further evaluating quality of the images and degree of

certitude of classification of the images as indicating said at least one disease.

20. (Previously Presented) Method for examining an ocular fundus, comprising:  
generating images of the ocular fundus by means of a camera and/or an  
illumination unit;  
evaluating image quality of the images themselves to ensure accuracy and  
reliability of the images;  
comparing the images with image patterns corresponding to one or more  
diseases to determine, with a degree of certitude, whether the images are classifiable  
as indicating one or more of said diseases; and  
controlling position of at least one of the camera and/or the illumination unit  
optimally for further evaluating quality of the images and degree of certitude of  
classification of the images as indicating said one or more diseases.

21. (Previously Presented) Method according to claim 20, wherein the step of  
evaluating image quality is performed by individually analyzing each of the images for  
accuracy and reliability without comparison to any other image.

***Allowable Subject Matter***

The following is an examiner's statement of reasons for allowance:

The prior art does not teach or suggest: a method for examining an ocular fundus by generating images of the fundus by means of a camera and/or illumination unit, evaluating the quality of the images, comparing the images with image patterns corresponding to one or more diseases as well as controlling the position of the camera and the illumination unit (independent claim 1); a method for examining an ocular fundus by recording at least one image of the ocular using at least one of a camera and an illumination unit, evaluating a quality of the at least one image, comparing the at least one image with existing image data NOT of the ocular fundus being examined which are characteristic for at least one disease to determine whether the images are classifiable as indicating at least one of the at least one disease, and positionally controlling at least one of the at least one of the camera and the illumination unit optimally for further evaluating quality of the images and degree of certitude of classification of the images as indicating the at least one disease (independent claim 17); the method "consisting of" the steps recited in independent claim 17 (independent claim 19); the method for examining an ocular fundus by generating images of the ocular fundus by means of a camera and/or an illumination unit, evaluating image quality of the images, comparing the images with image patterns corresponding to one

or more diseases to determine whether the images are classifiable as indicating one or more of the diseases, and controlling position of at least one of the camera and/or the illumination unit optimally for further evaluating quality of the images and degree of certitude of classification of the images as indicating the one or more diseases (independent claim 20).

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

### ***Conclusion***

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Scott J. Sugarman whose telephone number is (571)272-2340.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Ricky L. Mack can be reached on (571)272-2333. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Scott J. Sugarman/  
Primary Examiner, Art Unit 2873

sj  
March 18, 2008